

CHROMIUM ELECTROPLATING OR ANODIZING
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-149

This application should be accompanied by Air Pollution Control Operation Permit Application Forms:
4530-100 Facility Identification, 4530-101 Facility Plot Plan, 4530-102 Source and Site Descriptions, 4530-103 Stack Identification

NOTE: Use of this form is required by the Department for any air pollution control permit application filed pursuant to s. 285.61 or 285.62, Wis. Stats. [formerly s. 144.392 or 144.3925, Wis. Stats.], and NR 407.10, Wis. Adm. Code for a chromium electroplating or anodizing facility. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this application form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

SEE INSTRUCTIONS ON REVERSE SIDE

1) Facility Name:		2) Facility Identification No.:			
3) Facility is a: <input type="checkbox"/> major source <input type="checkbox"/> area source					
4) Tank information					
a. Tank ID					
b. Type of electroplating/anodizing					
c. Startup date: (mo/day/yr)					
d. Rectifier Capacity: (amperes) (optional)					
e. Control Method					
f. Control Device No.					
g. Compliance Demonstration Parameter & Range					
5) SIGNATURE OF RESPONSIBLE OFFICIAL					
<p>a. STATEMENT OF COMPLETENESS I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.</p> <p>b. CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)</p> <p><input type="checkbox"/> I certify that the facility described in this air pollution control permit application is fully in compliance with all applicable requirements.</p> <p><input type="checkbox"/> I certify that the facility described in this air pollution control permit application is fully in compliance with all applicable requirements except for the requirements identified in the attached ____ 4530-131 form(s).</p>					
Printed or Typed Name of Responsible Official			Title		
Signature			Date Signed		

SEND TWO COPIES OF ALL MATERIALS TO:
WISCONSIN DEPARTMENT OF NATURAL RESOURCES
BUREAU OF AIR MANAGEMENT
OPERATION PERMITS
P.O. BOX 7921
MADISON, WI 53707-7921

Instructions for Form 4530-149
Permit Application for Chromium Electroplating or Anodizing

- Item 1 Provide the name of the facility.
- Item 2 Provide the facility identification number (FID) that appears on the annual emissions inventory reports. If you have not participated in the inventory, contact the Department at 608/266-7718 for the number.
- Item 3 Provide a check in the appropriate box. A major source here means any facility that has the potential to emit 10 tons per year or more of any hazardous air pollutant, or 25 tons per year or more of any combination of hazardous air pollutants. Any facility that is **not** a major source is an area source.
- Item 4 Attach additional pages of form 4530-149 as needed to describe all chromium electroplating and anodizing tanks at the facility. Process tanks associated with a chromium electroplating or anodizing process, but in which neither electroplating nor anodizing is taking place should **not** be included here. Examples include rinse tanks, etching tanks, cleaning tanks, and chrome conversion coating tanks.
- Assign a process identification number to each tank (e.g. P01, P02, etc.). If add-on control equipment is used to control emissions, this number should also appear on the associated stack form 4530-103.
 - Provide the abbreviation, in () below, for the type of process for each tank.

Hard Chromium Electroplating (HCE)	Decorative Chromium, Trivalent (TRI)
Decorative Chromium, chromic acid (DC)	Chromium Anodizing (ANOD)
 - Provide the date the tank or rectifier was last constructed or reconstructed.
 - Hard chromium electroplaters who want to qualify for the emission standard applicable to small facilities must complete this item. Provide the maximum potential rectifier capacity which means the installed rectifier capacity associated with the **hard** chromium electroplating tank, expressed in amperes, multiplied by the maximum potential operating schedule of 8,400 hours per year and 0.7, which assumes that electrodes are energized 70 percent of the total operating time. The maximum potential operating schedule is based on operating 24 hours per day, 7 days per week, 50 weeks per year. If you want to qualify for small source status based on actual emissions or by accepting an enforceable limit in your permit as provided under 40 CFR 63.342(c)(2)(I), complete and attach form 4530-135, Supplemental Information, with information describing and supporting your request to qualify as an existing small hard chromium electroplating facility.
 - Provide the abbreviation, in () below, for the method of emission control for each tank. If another type of control is used, indicate "other", and complete and submit form 4530-110, Control Equipment Miscellaneous, with your application.

Add-on Device	Chemical Fume Suppressant
Composite Mesh-Pad System (CMP)	Wetting agent-type - (WET)
Packed-Bed Scrubber (PBS)	Foam blanket-type - (FOAM)
PBS/CMP System (PBS/CMP)	
Fiber-Bed Mist Eliminator (FBME)	
 - Assign a control device identification number (e.g. C01, C02, etc.) to each control device and indicate which tanks are served by that device. If a fume suppressant is used to control emissions, indicate not applicable (**NA**).
 - Sources that use a fume suppressant and that are exempt from the initial performance test requirements should indicate **45 dynes/cm** or not applicable (**NA**), whichever is appropriate. All other sources should provide the site-specific operating parameter determined by your initial performance test. The parameter required is noted below for each type of control device. If the test has not been completed, provide the anticipated test date, and complete and submit form 4530-131, Emission Unit Compliance Plan, with your application.

Add-on Device	Required Compliance Demonstration Parameter
Composite Mesh-Pad System (CMP)	Pressure drop range
Packed-Bed Scrubber (PBS)	Pressure drop range and inlet velocity pressure range
PBS/CMP System (PBS/CMP)	Pressure drop range
Fiber-Bed Mist Eliminator (FBME)	Pressure drop ranges for FBME & upstream device
Chemical Fume Suppressant	
Wetting agent-type - (WET)	Maximum surface tension
Foam blanket-type - (FOAM)	Minimum foam thickness
- Item 5 Responsible official means one of the following (s. NR 400.02(80e), Wis. Adm. Code):
- For a corporation:
 - A president, secretary, treasurer or vice-president of the corporation in charge of a principal business function;
 - Any other person who performs similar policy or decision-making functions for the corporation; or
 - A duly authorized representative of a person listed in items 1 or 2 if the representative is responsible for the overall operation of the facility applying for or subject to a permit and the representative is approved in advance by the Department. Prior to filing the application, if you want the Department to approve your choice of responsible official, you may send a letter to the Department describing that person's authority in the company and requesting the Department's approval. The letter should be signed by a person listed under 1 or 2.
 - For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
 - For a municipality, or a state, federal or other public agency: either a principal executive officer or ranking elected official.